

Disclosure Report Cover

Amendment

☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information

a. Full Name <u>Daune Gardner</u>	c. ID Number <u>43M438</u>
b. Mailing Address (Include City, State and Zip Code) <u>PO Box 430</u> <u>Waxhaw, NC 28173</u>	d. Date Filed
	e. Phone Number <u>704-578-0763</u>

2. Report Year <u>2015</u>	3. Period Start Date (mm/dd/yy) <u>8/1/2015</u>	4. Period End Date (mm/dd/yy) <u>9/22/15</u>	5. Treasurer Full Name <u>Lynda Hardman</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report <u>0</u>		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>BB3T</u>	a. Financial Institution Full Name	b. Purpose <u>General</u>	b. Purpose
b. Purpose	c. Account Code <u>01</u>	c. Account Code	d. Period Begin Balance
	d. Period Begin Balance <u>\$ 100.00</u>		

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

LYNDA HARDMAN
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

9-25-15
Date

FOR OFFICE USE ONLY

Date Received:	<u>9/28/15</u>	Employee:	<u>K. Quamr</u>	Delivery Method
Date Postmarked:	<u>9/27/15</u>	Employee:	<u>K. Quamr</u>	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:	<u>10/1/15</u>	Employee:	<u>K. Quamr</u>	<input type="checkbox"/> Registered Mail
Date Data Entered:				<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

RECEIVED

CRO-1000

NC State Board of Elections

August 2008

SEP 28 2015

Union Co. Board of Elections